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LENGTH OF TRANSMISSION (INCLUSIVE OF THIS SHEET): 4 page(s)**DATE:** May 14, 2003**FROM:** Brian W. Hameder/ds**TO:** Commissioner for Patents  
Alexandria, Virginia**RE:** Olivier Carli  
U.S. Serial No. 10/009,998  
Filed August 22, 2002  
Implant For An Osteosynthesis Device, In Particular For The Spine  
Docket: CU-2782OFFICE OF FINANCE  
REFUND BRANCH  
MAY 20 5:12:15  
US PATENT & TRADEMARK  
OFFICE**REMARKS:**

Attached is a copy of our Request for Refund of Charges to Deposit Account which was initially submitted on September 4, 2002. Kindly advise the status of said Request.

Certification of Facsimile Transmission

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Patent & Trademark Office to Fax No. (703)305-3230 on September 4, 2002 (3 pages).

Debra M. Szumowski  
Name

Signature

DOCKET: CU-2782

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPLICANT: Olivier CARLI )  
SERIAL NO: 10/009,998 )  
TITLE: IMPLANT FOR AN OSTEOSYNTHESIS DEVICE, )  
IN PARTICULAR FOR THE SPINE )  
COMPLETION OF PCT/FR00 /01644 filed 14 June 2000 )

The Commissioner for Patents (DO/EO/US)  
Box PCT  
Washington, D.C. 20231

**CONFIRMATION COPY**

REQUEST FOR REFUND OF CHARGES TO DEPOSIT ACCOUNT

Dear Sir:

On August 27, 2002, the undersigned's Deposit Account was charged \$292 with respect to the surcharge for furnishing the English translation as well as for additional claims over twenty.

It is believed that these charges are erroneous. Reference is made to paragraph 5 of our Response submitted on August 22, 2002. The English translation of the PCT international application was timely submitted on December 14, 2001 and no surcharge should be deemed necessary. The charge in the amount of \$130 should be refunded.

In addition, it is believed that there are no additional claims over 20 and accordingly, the extra claim fee of \$162 (code 966) charged to our Deposit Account should be refunded as well. Should the Office believe there are additional claims over twenty, applicant respectfully requests the Office to furnish a copy of the Claim Fee Calculation Sheet used in determining the number of claims.

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In view of the foregoing, it is respectfully requested that our Deposit Account No. 12-0400 be refunded in the total amount of \$292.

Respectfully submitted,

September 4, 2002

Date

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Brian W. Hameder  
Attorney for Applicant

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c/o Ladas & Parry  
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Chicago, Illinois 60604  
(312) 427-1300

## Deposit Account Statement

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08/20 49	E-REPLENISHMENT		701	-\$3,000.00	\$4,087.57
08/20 541	78155808		361	\$650.00	\$3,437.57
08/20 591	78155826		361	\$325.00	\$3,112.57
08/20 707	78155895		361	\$325.00	\$2,787.57
08/20 718	78156902		361	\$325.00	\$2,462.57
08/21 1	09202806	CU-1832	179	\$740.00	\$1,722.57
08/21 22	PAYMENT		701	-\$5,000.00	\$6,722.57
08/21 384	78156181		361	\$325.00	\$6,397.57
08/23 56	887176		566	\$420.00	\$5,977.57
08/26 565	75704299		704	-\$275.00	\$6,252.57
08/27 1	09960088	CU-2869RJS	115	\$110.00	\$6,142.57
08/27 1	09857871	CU-2558 RJS	116	\$400.00	\$5,742.57
08/27 284	10009998	CU-2782RJS	166	\$130.00	\$5,612.57
08/27 285	10009998	CU-2782RJS	966	\$162.00	\$5,450.57
08/28 1	09367445	CU-1984 TFP	115	\$110.00	\$5,340.57
08/28 2	09367445	CU-1984 TFP	179	\$740.00	\$4,600.57
08/28 5	1723014		365	\$100.00	\$4,500.57
08/28 32	09758904		704	-\$300.00	\$4,800.57

START  
BALANCE  
\$6,042.57

SUM OF  
CHARGES  
\$13,722.00

SUM OF  
REPLENISH  
\$12,480.00

END  
BALANCE  
\$4,800.57

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